

Center for Managed Care

Semi-annual Newsletter

"Navigating the Managed Care System"

September 2000

CMC Mission Statement

To enable HRSA's providers and programs to effectively participate in managed systems of care so that they can meet the health care needs of underserved populations.

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Institute of Medicine Issues Landmark Report on the Safety Net

The long-awaited report from the Institute of Medicine (IOM) on the future integrity and viability of the health care safety net was issued on March 30, 2000. This study examined the impact of Medicaid managed care and other changes in health care on the future of America's safety net that serves a large portion of low-income and uninsured Americans. It was sponsored and funded by HRSA's Center for Managed Care.

The report's findings indicate that adverse forces are placing core safety net providers in many communities at risk of not being able to continue their mission. These forces include the growth of managed care, erosion of the subsidies that providers have relied upon to help finance uncompensated care, and the increase in the number of uninsured. The report stresses that the nation's core safety provider system needs to be sustained and protected. At the same time, safety net providers need to be encouraged to actively embrace the positive aspects of current change, including incentives to develop more integrated and accountable delivery systems and a greater emphasis on performance and customer service.

The *Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers*, chaired by Stuart Altman, Ph.D., worked for 18 months

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Launching of the Managed Care Technical Assistance Center

HRSA grantees and safety net providers throughout the U.S. have the opportunity to receive expert technical assistance and training from the Managed Care Technical Assistance Center, known as MCTAC. After a successful

trial run in the upper Midwest, MCTAC now is offering services across the country.

Managed by the HRSA Center for Managed Care (CMC), MCTAC offers comprehensive technical assis-

tance and locally sponsored workshops on how to navigate the managed care system. A full range of services are available: planning and conducting workshops and

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reviewing evidence from the peer-reviewed literature, holding public hearings and regional meetings, and eliciting a broad array of expert testimony. For information about securing the final report, *America's Health Care Safety Net: Intact but Endangered*, see the IOM Web site at www.iom.edu.

Major findings of the report include:

- ◆ The shift to Medicaid managed care can have adverse effects on core safety net providers and the uninsured and other vulnerable populations who rely on them for their care.
- ◆ Managed care principles offer significant potential for improved health care for Medicaid patients, but serious implementation problems can undermine this potential.
- ◆ The patchwork organization and the patchwork funding of the safety net vary widely from community to community, and the availability of care for the uninsured and other vulnerable populations increasingly depends on where they live.
- ◆ Most safety net providers have thus far been able to adapt to the changing environment. Even for these providers, however, the stresses of these changes have made it increasingly difficult for them to maintain their missions while protecting their financial margins.

The report includes the following recommendations:

- ◆ Federal and state policy makers should explicitly take into account and address the full impact (both intended and unintended) of changes in Medicaid policies on the viability of safety net providers and the populations they serve.
- ◆ All federal programs and policies targeted to support the safety net and the populations it serves should be reviewed for their effectiveness in meeting the needs of the uninsured.
- ◆ Concerted efforts should be directed to improving this nation's capacity and ability to monitor the changing structure, capacity, and financial stability of the safety

net to meet the health care needs of the uninsured and other vulnerable populations.

- ◆ Given the growing number of uninsured people, the adverse effects of Medicaid managed care on safety net provider revenues, and the absence of concerted public policies directed at increasing the rate of insurance coverage, a new targeted federal initiative should be established to help support core safety net providers that care for a disproportionate number of uninsured and other vulnerable people.
- ◆ The committee recommends that technical assistance programs and policies targeted to improving the operations and competitive position of safety net providers be enhanced and better coordinated.

Extensive efforts are now underway to distribute the findings and recommendations of the report and take appropriate follow-up action steps. These include creating forums at the federal, state, and local levels for dialogue among health care and health financing offices about its implications. HHS has established an Interagency Steering Committee to develop a blueprint of action steps and monitor their implementation. ◆

Study Addresses Gaps in Information about Safety Net Status

Mathematica Policy Research (MPR) is conducting an in-depth study to evaluate the changing capacity of safety net providers caring for uninsured and low-income patients in five communities across the country: Columbus, Ohio; Oklahoma City, Oklahoma; Kansas City, Missouri; Detroit, Michigan; and San Antonio, Texas. This study addresses many of the concerns raised in the recently completed IOM Study: *America's Health Care Safety Net: Intact But Endangered*.

The HRSA funded study will identify the major economic and policy forces that have contributed to changes in safety net provider capacity over the past several years. It also will attempt to demonstrate efficient and systematic ways of collecting comparable information on local safety nets from both local and national data sources — an area of concern identified in the IOM report.

Site visits to the five communities are being conducted in the second half of 2000. Representatives of MPR and HRSA are meeting with safety net hospitals and health centers, health departments, Ryan White HIV/AIDS providers, health center networks, Medicaid managed care organizations, primary care and hospital associations, and private group practices identified as safety net providers. The study is scheduled to be completed by Summer 2001.



Managed Care Technical Assistance Center,
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training sessions — usually in cooperation with a local sponsor; technical assistance on site, online, or by telephone; distribution of technical publications and articles; and contract review and guidance.

Examples of Managed Care Technical Areas

- ◆ Securing and negotiating the best managed care contracts;
- ◆ Training medical directors and clinicians to deliver high quality, cost effective care to Medicaid and medically underserved people in a managed care system.
- ◆ Negotiating capitation rates and reimbursement;
- ◆ Building relationships between public health and managed care; and
- ◆ Improving management information systems to serve Medicaid-covered patients.

According to HRSA Administrator Claude Earl Fox, M.D., M.P.H., “The goal is to give HRSA grantees and other safety net providers easily accessible state-of-the-art skills and

up-to-date information about the managed care system to better serve medically needy Americans.”

The experts who conduct the training sessions and provide the technical assistance are executives from managed care organizations. They have extensive experience not only with managed care but also with programs that serve Medicaid, medically underserved and special needs populations and train health care professionals.

MCTAC services are available to HRSA grantees and other safety net providers, as well as health professions education and training programs:

- ◆ Academic Health Centers
- ◆ AIDS Education and Training Centers
- ◆ AIDS Service Organizations
- ◆ Area Health Education Centers (AHECs)
- ◆ Children with Special Health Care Needs Providers and State Agencies
- ◆ Community Nursing Centers
- ◆ Faculty Practices
- ◆ Health Centers (Community, Migrant, Homeless, and Public Housing)
- ◆ Health Center Managed Care Organizations

- ◆ Healthy Start Programs
- ◆ HIV/AIDS Health Care Providers and State and Local Agencies
- ◆ Maternal and Child Health Providers and State Agencies
- ◆ Medicaid Managed Care Organizations
- ◆ Medicine, Nursing, Dentistry, and Other Health Professions Education and Training Programs
- ◆ Networks
- ◆ Physician Groups
- ◆ Primary Care Associations and Organizations
- ◆ Public Hospitals and Health Systems
- ◆ Rural Health Providers and Rural State Agencies
- ◆ School-Based Health Clinics
- ◆ State, County, and City Health Departments
- ◆ Other HRSA Grantees
- ◆ Other Safety Net Providers

MCTAC services augment and complement existing technical services provided by HRSA's sponsoring bureaus and offices: Bureau of Primary Health Care; Bureau of Health Professions; Maternal and Child Health Bureau; HIV/AIDS Bureau; and Office of Rural Health Policy. Many services are provided without charge; on-site technical assistance is available on a sliding fee scale based on the eligible customer's ability to pay and MCTAC's availability of funds. ◆

For further information on HRSA's MCTAC:

- ◆ Call toll-free: 1-877-832-8635
- ◆ Fax: 703-528-7480
- ◆ E-mail: hrsa_mctac@jsi.com
- ◆ Web site: www.jsi.com/hrsamctac

New Study Examines the Impact of Managed Care on Local Health Departments' Delivery of Health Care Services

The University of Pittsburgh School of Public Health has been funded by the Center for Managed Care to study the changes in health departments related to their function as safety net providers. The study will evaluate the extent and the impact of changes due to managed care and related forces (such as welfare reform and the changing roles of health departments) on health department capacity to provide or assure personal health services for low income and vulnerable populations.

Interest in this topic arises at a time when many health departments are making decisions about their ongoing role in the direct delivery of personal health services. The study will examine those decisions and how health departments are addressing the issues. It is scheduled for completion in the spring of 2001.

Examples of MCTAC's On-Site Technical Assistance

Technical assistance on managed care issues from the HRSA Managed Care Technical Assistance Center (MCTAC) is available to a variety of organizations and on a wide range of topics. Recent examples:

- ◆ **Primary Care and Health Center Managers:** A Midwest organization that sponsors leadership training for primary care providers approached MCTAC for assistance with a workshop on managed care for primary care and health center managers. The MCTAC consultant helped the organization identify the areas of need through a participant survey, guided the planning, and then facilitated the daylong workshop.
- ◆ **Homeless Provider:** A homeless health care provider in the Midwest sought assistance in evaluating the potential of participating as a provider in an indigent care managed care program. The provider was having difficulty gaining access to the health plan in order to discuss participation. MCTAC engaged an experienced consultant to assess the situation and provide advice. The consultant arranged and facilitated a meeting with the health plan and assisted the client in evaluating the plan's provider requirements.
- ◆ **HIV/AIDS:** A Ryan White Care Act Title III provider network in the Northeast received technical assistance, first from the Ryan White Care Act Technical Assistance Center and then from the MCTAC in a cooperative

effort to meet its needs, related to a mandatory Medicaid managed care initiative. A consultant worked with representatives of the network to address issues related to governance and organizational structure, as well as managed care contracting and negotiation. Several strategic issues were identified and a plan was developed for resolution.

- ◆ **Nurse Managed Health Centers:** The Regional Nursing Centers Consortium sought assistance in planning its semi-annual meeting of nurse managed primary care centers. MCTAC, in collaboration with several conference co-sponsors, supported development of the agenda and securing of the presenters. MCTAC also

identified and paid for a facilitator to conduct a session on the basics of managed care focused on the interests of the nurse managed health centers.

- ◆ **Public Health Agencies:** A state public health association worked with the MCTAC staff to develop a workshop on the opportunities and challenges for collaborative efforts between public health and managed care organizations. A half-day workshop was planned with a focus on strategic planning and positioning and negotiations with managed care companies. MCTAC also identified and provided the faculty. Representatives from local health departments from throughout the state attended, as well as individuals from the state health department. ◆

Regional Meetings Continue for Medicaid Officials and HRSA-Funded Programs

HRSA, in conjunction with the American Public Human Services Association (APHSA) and HCFA, continues a series of regional meetings on issues of mutual concerns to State Medicaid Agencies and HRSA health care delivery programs for the underserved. The meetings bring together Medicaid directors, MCH program directors, primary care leadership, and Ryan White CARE Act Title II program directors. Meetings this year have been held in Seattle, Philadelphia, and Chicago. The fourth meeting in the series is scheduled for Atlanta on November 30 and December 1 for southern and southeastern states.

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Additional Purchasing Specifications from George Washington University

The Center for Health Services Research and Policy at the George Washington University has developed sample purchasing specifications for use by purchasers of managed care. The specifications provide options for language on key contracting issues for both Medicaid and other public and private sector purchasers as they prepare their purchasing agreements with managed care organizations. They were funded by the Center for Managed Care in HRSA, CDC and SAMHSA, the David and Lucile Packard Foundation, the Commonwealth Fund, the Pew Charitable Trusts, and the Annie E. Casey Foundation.

The following subject areas are available as final specifications:

- ◆ Pediatric services (funded by HRSA)
- ◆ HIV/AIDS services (funded by HRSA and CDC)
- ◆ Immunizations
- ◆ Sexually transmitted diseases
- ◆ Lead screening
- ◆ Tuberculosis
- ◆ Dental care
- ◆ Access to care (funded by HRSA)
- ◆ Care for persons experiencing homelessness (funded by HRSA)

Other specifications are currently under development. They are:

- ◆ Cultural competency (funded by the HRSA)
- ◆ Memoranda of understanding between managed care organizations and public health departments
- ◆ Services for adults with mental illness and addictions disorders
- ◆ Reproductive health
- ◆ Diabetes
- ◆ Asthma
- ◆ Data and information
- ◆ Pharmaceuticals and pharmaceutical services

The development of each set of specifications involves a review of the literature pertinent to the issue, review of existing Medicaid managed care contracts, development of a draft, and redrafting based on advice received through an extensive vetting process. All provisions of these technical assistance tools are modular. They can be used as a package or they can be broken out separately and integrated into other purchasing documents, as the circumstances require.

Specifications are posted on the Web site for the Center for Health Services Research and Policy: www.gwu.edu/chsrp. ◆

Project Supports Development of HIV Care Networks

The HIV/AIDS Bureau in HRSA has awarded a 3-year grant to the George Washington University School of Public Health and Health Systems to establish the Center for HIV Care Networks. As a Special Project of National Significance (SPNS), the goal of the Center is to demonstrate the feasibility of integrating HIV providers to improve the quality, capacity and coordination of HIV care by:

- ◆ Reengineering the HIV care continuum based on a managed care model;
- ◆ Optimizing HIV care resources;
- ◆ Minimizing organizational redundancy;
- ◆ Enhancing linkages among HIV care providers;
- ◆ Assisting HIV providers to gain the skills needed to market themselves to health plans and successfully negotiate contracts;
- ◆ Adopting sound business practices; and
- ◆ Working with Federal, State and local policymakers to integrate Medicaid, CARE Act and other funding streams to maximize revenue and minimize administrative burden.

During the project, the Center will provide training, technical assistance and consultative services to assist three or more HIV care delivery systems to develop networks. Team members who will provide these services include George Washington University, The Lewin Group, American Express Tax and Business Service, New York AIDS Institute, National Association of People with AIDS, and peer trainers. Letters of interest were solicited from Ryan White grantees and three networks were selected for participation in the project. AIDS Partnership in Michigan, the University Medical Center in Jackson, Mississippi and AIDSNET in Bethlehem, Pennsylvania were notified of their selection for this project, and site visits will begin this summer.

Email Updates from CMC Now Available

Interested individuals can now sign up for email distribution of newly released studies and other managed care information. Check the CMC Web site: www.hrsa.gov/cmc.

Conference Addresses Rising Pharmacy Costs in Medicaid Managed Care

Managing the Medicaid Pharmacy Benefit was the title of a full day conference in Los Angeles on May 10 that examined both challenges and best practices. Funded by the CMC, the conference was a collaborative effort with the National Public Health and Hospital Institute (NPHHI), MCTAC, the California Health Care Foundation, and the Academy of Managed Care Pharmacy. The keynote speaker was Molly J. Coye M.D., M.P.H., from the Institute of the Future. Workshops were held on the following topics:

- ◆ Utilizing Pharmacy and Therapeutics Committees
- ◆ Maximizing the benefit of formularies
- ◆ Integrating new drugs
- ◆ Reaching and educating patients
- ◆ Strengthening patient compliance by addressing social and geographic barriers
- ◆ Profiling and communicating with physicians
- ◆ Designing effective data systems
- ◆ Working with Pharmacy Benefit Management companies (PBMs)

Faculty included experienced medical directors and pharmacy managers from health plans with large Medicaid enrollees, as well as others from state and local governments and associations.

In preparation for the conference, NPHHI conducted a survey of capitated health plans enrolling persons in Medicaid to determine the ways that these plans currently manage the pharmacy benefit. NPHHI collected information on 55 health plans that together cover approximately one-quarter of all Medicaid enrollees in managed care. Virtually all plans surveyed use PBMs for much more than claims processing; most are engaged in active drug utilization review programs; and many use their formulary as a means to control utilization of costly pharmaceuticals. A copy of the report is available from the MCTAC.

Regional Meetings Continue, from page 4

The focus of these meetings is on the relationship between Medicaid and HRSA's funded delivery systems for underserved populations. This year the meeting content centers on continuing quality improvement and performance measurement. Specific topics include:

- ◆ using performance measures to monitor performance and track the quality of care provided in managed care settings;
- ◆ managing the costs of pharmaceuticals when contracting for care for at-risk populations; and
- ◆ discussing specific approaches to assuring the quality of care in publicly funded programs, such as diabetes management in community health centers.◆

CMC Focus on Cultural Competence in Managed Care

As the United States grows more and more culturally diverse, health care providers are increasingly challenged to understand and address the linguistic and cultural needs of a diverse clientele. Many health care providers, especially those that are HRSA grantees, have developed creative and successful programs to address these needs, including interpreter services, cultural competence training for staff, targeted outreach programs and other interventions. As more diverse populations are being incorporated into managed care arrangements, these culturally competent practices may help make HRSA grantees attractive partners to managed care organizations.

Purchasing Specifications on Cultural Competence

With funding from the CMC, the Center for Health Services Research and Policy at the George Washington University is developing purchasing specifications on cultural competence for use by purchasers of managed care. The document is organized into ten different sections with each addressing a particular aspect of cultural competence. It contains sample contract compliance measures in addition to illustrative language. The specifications are in the last stages of development undergoing an exhaustive vetting process and are expected to be completed in the Fall.

Awards for Excellence

A publication describing the range of culturally competent methods and practices HRSA grantees have implemented to enhance their ability to serve ethnically, linguistically and culturally diverse populations is being prepared. This document explores what impact these services have had on grantee relationships with managed care organizations. The cultural competence practices of HRSA grantees who participated in the "Cultural Competence Works" Competition and were presented Awards for Excellence and Certificates of Recognition are highlighted in the publication. The publication will be completed in the fall of 2000 and will be disseminated to HRSA grantees and managed care organizations.

A few examples of the award winning organizations:

- ◆ Sunset Park Family Health Center Network, Brooklyn, New York: A multi-site primary care system and Federally



Qualified Health Center that serves ethnically diverse, medically-underserved neighborhoods with Latino, Chinese, Arabic, Russian and Caribbean communities. Sunset Park has incorporated its cultural competence activities into its structure and staffing. A Cultural Access Task Force and staff conduct a yearly community needs assessment by network site to analyze changing demographics and identify new and changing needs.

- ◆ South Cove Community Health Center, Boston, Massachusetts: a community health center that provides primary health care and specialty health and social services to a diverse Asian community in more than 30 towns and neighborhoods in greater

Brown Bag Managed Care Seminars Accessible in Multiple Locations

The Center for Managed Care continues its offering of presentations on current managed care issues through "brown bag" lunchtime seminars at the Parklawn Building. It is also available via Picture-Tel to Regional Office staff, BPHC staff in East/West Towers, and HCFA staff both in Baltimore and in Regional Offices.

Recent Sessions

- ◆ Two sessions with the theme of *Medicaid Managed Care in Turbulent Times*:
Partnership Pays — an update on current policy issues
A Case Study — the Neighborhood Health Plan of Rhode Island
- ◆ Complementary and Alternative Medicine: Implications for Managed Care
- ◆ UME-21: Undergraduate Medical Education for the 21st Century: Bringing Managed Care Knowledge, Skills, and Values to Medical Students — Early Learnings from HRSA's National Demonstration of Interdisciplinary Curricular Innovations.

Topics Under Consideration for the Remainder of the Year

- ◆ An overview of the IOM Study
- ◆ Successful case studies in connecting managed care and school based health centers
- ◆ Integrating managed mental health and primary care — improving outcomes in identifying and treating depression

Information about the Brown Bag seminars is available on the CMC Web Site or by calling the CMC office.

Boston. South Cove offers services in Cantonese, Japanese, Khmer, Mandarin, Swatow, Toisanese, and Vietnamese, primarily by bilingual providers with the remaining through trained interpreters. All client assessments and care planning are done in the patient's primary language.

- ◆ Multnomah County Health Department, Portland, Oregon: a local health department that provides direct services at seven primary care and specialty clinics and several hospitals. The health department serves an ethnically diverse community, including a number of refugee groups. A Cultural Competence Committee developed a Strategic Plan for Developing Cultural Competence, a guiding document that includes statements on mission, vision and values, quality improvement, and strategic planning and provides for a system of accountability. All new employees participate in a basic diversity and cultural competence curriculum and managers receive similar training, including an orientation to the Strategic Plan. ◆

New Roles in the Waiver Review Process

The Center for Managed Care continues to coordinate HRSA's input to HCFA's state Medicaid managed care waiver review process. The process involves review of 1915(b) and 1115 waiver requests and State Plan Amendments. Working collaboratively with HCFA, CMC coordinates the input from HRSA's Bureaus and Offices and oversees the review conducted in HRSA field offices.

As an integral part of this process, HRSA field office staff works with HCFA regional office staff in reviewing Medicaid State Plan Amendments regarding mandatory managed care programs. This collaboration builds on the successful experience of joint reviews of Medicaid 1915(b) and 1115 waivers and State Children's Health Insurance Program plans. In preparation for this new role, field office staff participate in a full day of training in managed care issues and their role in reviewing Medicaid waivers and State Plan amendments. Sessions have already been held in Denver, Chicago, Kansas City, Seattle, Atlanta, Dallas and Boston. The San Francisco and New York offices will have their training in September. The training was planned jointly by the CMC and the Office of Field Operations. ◆

HRSA Again Sponsors Summer Fellowship for Medical Students

The Managed Care Fellowship Program ended August 4, 2000 with project presentations from the 10 students who began the program on June 19, 2000. The Fellowship is a seven-week summer program designed to introduce physicians-in-training to managed care issues, particularly as they relate to providing health services to underserved populations. The program combines an in-depth orientation to managed care and health services administration with weekly seminars and field placements in managed care. Students develop and research a paper on such topics as the provision of care to underserved populations, utilization review, Medicaid and Medicare managed care, delivery of preventive services, practice guideline development and outcomes measurement.

Students are placed in managed care organizations and community health centers in Boston, such as Blue Cross/Blue Shield Of Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Care, Boston Health Care for the Homeless and Fenway Community Health Center. The American Medical Student Association in collaboration with the Tufts Managed Care Institute, which develops and conducts the weekly seminars, coordinates the Program. The CMC and the Bureau of Health Professions fund the program.

Managed Care Rotation Guide for Medical Residents

Tufts Managed Care Institute (TMCI) has received funding from the Bureau of Health Professions and the CMC to complete the development of an instructional guide to support and facilitate the training of residents for practice in the managed care environment. The "Managed Care Rotation Resource Guide" will complement and expand upon TCMI's currently available "Model Curriculum for a Rotation in Community Practice and Managed Care Organization". That Curriculum describes a series of possible teaching sessions for residents in community practices and at managed care organizations. To obtain a copy of this Curriculum contact:

Tufts Managed Care Institute
136 Harrison Avenue
Boston, Massachusetts 02111
617-636-1000 (Phone)
E-mail: www.tmci.org

The Resource Guide will contain more detailed lesson plans, content summaries, cases and practice scenarios, and other instructional materials for twelve of these sessions. The twelve sessions are:

Sessions Set in a Community-Based Physician Practice

- ◆ Practice Management Operations and Systems
- ◆ Clinical Management and Clinical Case Review
- ◆ Utilization Management
- ◆ Referral Management
- ◆ Patient Education/Health Education

Sessions Set in a Managed Care Organization

- ◆ Health Plan Contracting
- ◆ Provider Performance Reports
- ◆ Utilization Management
- ◆ Case Management
- ◆ Disease Management
- ◆ Pharmacy
- ◆ Quality Assurance and Improvement

The Resource Guide is intended for use by program directors and their affiliated faculty at community and health plan sites to structure their time with the residents and assure the most valuable and relevant experience for the learners. The Guide also will include information and resources useful to faculty in general for teaching residents about practicing in the new healthcare environment. The project is a response to the growing call for training in population-based, cost-effective, high-quality medical practice and the need to provide educators with appropriate content and materials to achieve this goal.

The Resource Guide will be available in the Fall of 2000 and made available to program directors and faculty at residency training sites throughout the nation. ◆

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